STATEMENT OF CHAITELAND LITIMAN CEDVICES

RESED

PRINTED: 10/23/2007 FORM APPROVED OMB NO. 0938-0391

CENTERS FOR MEDICARE			OMB NO. 0938-039
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING	(X3) DATE SURVEY COMPLETED
	09G153	B, WING	09/21/2007

NAME OF PROVIDER OR SUPPLIER

COMP CARE II

STREET ADDRESS, CITY, STATE, ZIP CODE 1329 LONGFELLOW STREET NW WASHINGTON, DC 20011

001111	CONF CARETT		WASHINGTON, DC 20011				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
W 000	INITIAL COMMENTS	W 000					
	This recertification survey was conducted from 9/19/2007 thru 9/20/2007 utilizing the fundamental survey process. Three clients were randomly selected from a population of five males with varying degrees of cognitive and functional debilitations. The survey findings were based on observations and interviews with management and direct care staff at the group home and at two separate day programs. The survey also included a review of records, including the unusual incident reports. 483.410(c)(2) CLIENT RECORDS The facility must keep confidential all information contained in the clients' records, regardless of the form or storage method of the records. This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to keep confidential all information contained in each client's record, for one of the three clients residing in the facility. [Client #2] The finding includes: Observation on 9/19/12007 at 4:35pm revealed Client #2 's meal restrictions and feeding protocol was posted on the refrigerator. Interview with the facility 's Qualified Mental Retardation Professional (QMRP) and Registered Nurse on 9/20/2007 at 1:49pm revealed they were not aware this was a deficient practice and would have it removed. 483.410(d)(3) SERVICES PROVIDED WITH OUTSIDE SOURCES	W 112	Meal and feeding protocols removed and placed in individual folders for all persons served	9-20-07			
	The facility must assure that outside services			<u> </u>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

FORM CMS-2567(02-98) Previous Versions Obsolete

Event ID: DXHG11

Facility (D; 09G153

TITLE

If continuation sheet Page 1 of 2

(X8) DATE

STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MI		PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		09G153	B. WIN		<u> </u>	09/2	1/2007	
NAME OF P	ROVIDER OR SUPPLIER ARE II			13	EET ADDRESS, CITY, STATE, ZIP COD 129 LONGFELLOW STREET NW 1ASHINGTON, DC 20011			
(X4) ID PREFIX TAG	(FACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
W 120	Based on staff inte facility failed to ens implemented the bidocumented the ta	_	· w·	120		·		
	The findings included 1. Observation at 9/20/2007 at 11:50 staff failed to implet as specified in his (BMP). Client #1 whis meal, flopping with his feet and with the main entrance walk towards the disack and forth in frobserved walking it frying to encourage success. Record revealed Client #1 dated 6/6/07 record "Screaming strate scream and/or stowhat may be caus attempting to convor to say he wants him to show you wineeds first."	Client #1 's Day Program on am revealed the direct care ment the behavioral strategies Behavior Management Plan was observed refusing to eat to floor, stomping on the floor alking several times towards of his activity area. He would oor and stand there or pace ont of it. The staff was him away from the door and thim to eat his meal with no review on 9/20/2007 at 3:45pm 's Behavioral Support Plan him to do so. He may be eat of go outside for a while. Ask that he wants. Address these			1. Behavior manage of person #1 will with day progran	be reviewed	11-07-07	
	him to show you w needs first. " The Day Program	hat he wants. Address these staff failed to assess the emfort or offer to take him						

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X3) DATE SI COMPLE			(X3) DATE SU COMPLE	irvey Ted
	•	09G153	B. WI	1G		09/21	1/2007
NAME OF P	ROVIDER OR SUPPLIER	<u>.</u> .		13	ET ADDRESS, CITY, STATE, ZIP CODE 29 LONGFELLOW STREET NW ASHINGTON, DC 20011		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	(XS) COMPLETION DATE
W 120	outside, despite his towards the main e 2. Observation at 9/20/2007 at 11:50 staff failed to imple as specified in his foor, client #1 whis meal, biting his floor, stomping on walking several timof his activity areadirect care staff on revealed Client #1 lunch or at various Record review on Client #1 's Behave recommends that spica, screaming/stradata sheets" Fur Client #1 had zero hand biting over the no evidence the deaccurate documen maladaptive behave 483.420(a)(2) PRORIGHTS The facility must earn the facility must earn the client's med and behavioral staff	crepeated attempts of walking entrance. Client #1 's Day Program on am revealed the direct care ment the behavioral strategies Behavior Management Plan vas observed refusing to eat hands and wrists, flopping to the floor with his feet and less towards the main entrance Interview with the attending the same day at 12:10pm acts this way quite often during other times during the day. 2/20/2007 at 3:45pm revealed foral Support Plan dated 6/6/07 staff document "all incidents of omping, and hand biting on the attending and le past three months. There is any program had ensured the tation of this client's		124	2. program document included in QMRP of the day program this documentation included in QMRP.	monitoring n. Results of will be	11-15-07
	This STANDARD	is not met as evidenced by: tions, interviews and record				,	

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA		TIPLE CONSTRUCTION	(X3) DATE SU COMPLE	JRVEY TED
AND PLAN C	r correction	DENTA PORTON PORTON	A. BUILDI	•		
		09G153	B. WING		09/2	1/2007
NAME OF P	ROVIDER OR SUPPLIER		ļ	TREET ADDRESS, CITY, STATE, ZIP COU 1329 LONGFELLOW STREET NW	DE	
			\ .	WASHINGTON, DC 20011 PROVIDER'S PLAN OF COR	SECTION	OCE)
(X4) ID PREFIX TAG	(FACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(XS) COMPLETION DATÉ
W 124	review, the facility to parent, or legally at risks of treatment repsychotropic medic clients. [Clients #1] The findings included the findings included the findings included the facility is register to the facility is register to many behaviors. Record signed nor agreed client to receive the client to receive the facility is register to receive the facility is register to receive the facility is register to receive the facility is record to the facility is record to the facility is record to the facility is record the facility is rescribed to many behaviors. Record signed nor agreed client to receive the facility is record to the facility is record the facility is rescribed to many the facility is record to the facility is record to the facility is rescribed to the facility is record to	failed to inform each client, uthorized party of the attendant regarding the use of ration for two of three sampled and #3]	W 12	1. Consent form for psychotropic merebianed before respectively. 2. 2. Consent form psychotropic merebianed before respectively.	dication will be lext dication for person #3 dication will be next	11-17-07
W 126	there was no signe file for this client to medication.	ed nor agreed upon consent on receive this psychotropic OTECTION OF CLIENTS	W 12	26	•	
	The facility must e Therefore, the faci to manage their fir	nsure the rights of all clients, lity must allow individual clients nancial affairs and teach them ent of their capabilities.	-			

NAME OF PROVIDER OR SUPPLIER COMP GARE II B, WING STREET ADDRESS, CITY, STATE, ZIP CODE 1329 LONGFELLOW STREET NW WASHINGTON, DC 20011	STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP	LE CONSTRUCTION	(X3) DATE SI COMPLE	JRVEY TED
COMP CARE II 1329 LONGFELLOW STREET IN WASHINGTON, DC 20011 CA4 ID SUMMARY STATEMENT OF DEFICIENCIES 10 PRETRY REQUIRENCY MUST BE PRECEDUE OF YOU. TAY TAY			09G153		-	09/2	1/2007
SUMMARY STATEMENT OF DEFICIENCIES 18 19 19 19 19 19 19 19				13	29 LONGFELLOW STREET N	CODE	
This STANDARD is not met as evidenced by: Based on interview with the Qualified Mental Retardation Professional (QMRP) and review of the individual program plan (IPP), the facility falled to ensure that clients received opportunities to enhance their financial management skills. [Clent #3] The finding includes: Interview with Client #3 's case manager at his day program on 9/20/2007 at 10:50am revealed he receives a stipend for janitorial work performed at the day program. The case manager also indicated that Client #3 was very capable of counting money, and taking part in small purchases. Interview with the Qualified Mental Retardation Professional (QMRP) on 9/20/2007 at 5:30pm revealed Client #3 had a money management program that was initiated on 6/2007. Client #3 's money management program readed, "[Client #3] will purchase items necessary for him to cook an item on the menu with verbal prompts from staff on 4/5 consecutive trials in 3 consecutive months." Record review revealed there was no evidence made available at the time of survey to assess if Client #3 was being afforded the opportunity to purchase the "cooking items" or take part in the "cooking" as required/written. W 137 RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients	PRÉFIX	(EACH DEFICIENC)	Y MUST RE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T	ION SHOULD BE HE APPROPRIATE	COMPLETION
Interview with Client #3 's case manager at his day program on 9/20/2007 at 10:50am revealed he receives a stipend for janitonial work performed at the day program. The case manager also indicated that Client #3 was very capable of counting money, and taking part in small purchases. Interview with the Qualified Mental Retardation Professional (QMRP) on 9/20/2007 at 5:30pm revealed Client #3 had a money management program that was initiated on 6/2007. Client #3 's money management program readed, "[Client #3] will purchase items necessary for him to cook an item on the menu with verbal prompts from staff on 4/5 consecutive trials in 3 consecutive months." Record review revealed there was no evidence made available at the time of survey to assess if Client #3 was being afforded the opportunity to purchase the "cooking items" or take part in the "cooking" as required/written. W 137 The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients	W 126	This STANDARD Based on interview Retardation Profes the individual progre failed to ensure that to enhance their fir	is not met as evidenced by: with the Qualified Mental sional (QMRP) and review of ram plan (IPP), the facility at clients received opportunities	W 126	program documer	training on attive	11-7-07
to cook an item on the menu with verbal prompts from staff on 4/5 consecutive trials in 3 consecutive months." Record review revealed there was no evidence made available at the time of survey to assess if Client #3 was being afforded the opportunity to purchase the "cooking items" or take part in the "cooking" as required/written. W 137 W 137 RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients		Interview with Clied day program on 9/2 he receives a stipe performed at the distribution manager also indicapable of countin small purchases. Mental Retardation 9/20/2007 at 5:30pmoney management on 6/2007. Client	nt #3 's case manager at his 20/2007 at 10:50am revealed end for janitorial work ay program. The case cated that Client #3 was very g money, and taking part in Interview with the Qualified or Professional (QMRP) on the program that was initiated				
made available at the time of survey to assess if Client #3 was being afforded the opportunity to purchase the "cooking items " or take part in the "cooking " as required/written. W 137 H83.420(a)(12) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients		to cook an item or from staff on 4/5 c	the menu with verbal prompts onsecutive trials in 3				
Therefore, the facility must ensure that clients	W 137	made available at Client #3 was beir purchase the "co "cooking " as red 483.420(a)(12) PR RIGHTS	the time of survey to assess if ng afforded the opportunity to loking items " or take part in the quired/written. ROTECTION OF CLIENTS				
FORM CMS-2567(02-99) Previous Versions Obsoleta Event ID: DXHG11 Facility ID: 09G153 If continuation sheet Page 5 of		Therefore, the factoring have the right to r	cility must ensure that clients etain and use appropriate	44 5	einerth: ggC453	If continuation th	eet Page 5 of

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (DENTIFICATION NUMBER:		A. BUILDING			COMPLETED		
		09G153	B. Wil	ŃG ¯		09/2	1/2007
NAME OF P	ROVIDER OR SUPPLIER ARE I			1	REET ADDRESS, CITY, STATE, ZIP CO 1929 LONGFELLOW STREET NW WASHINGTON, DC 20011	DE	,
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC	ΊX	PROVIDER'S PLAN OF COP (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(XS) COMPLETION DATE
W 137	personal possession This STANDARD Based on observate review the facility for	is not met as evidenced by: ion, staff interview and record ailed to ensure the integrity of ig for four of five clients	w	137	Facility will insure clorganized torn clothe persons living in this have appropriate clotoccasions.	s replaced and home will	11-15-07
	revealed Clients #" were being poorly client's closets. I torn, frayed, faded magic markers tha stuffed into the clo clients clothing we were also worn an seams. Only one observed, and only suit to wear. The Retardation Profes interviewed on 9/2 disparity in the cor and he indicated h	719/2007 and 9/20/2007 1, #3, #4, and #5 's clothing maintained and stored in each the clothing was found to be and labeled with permanent to bled through the material, or sets in piles. All four of these re mismatched and their shoes d with tattered and sheared pair of dress shoes was a two of the four had a dress facility 's Qualified Mental scional (QMRP) was 0/2007 at 5:47pm regarding the dittion of the client 's clothing is management of this area					
W 153	had the chance ye complete the shop clients and would of 483.420(d)(2) STA CLIENTS The facility must emistreatment, neg injuries of unknow immediately to the	He indicated that he hadn't to take his hiring to go and ping requirements for the do so immediately. IF TREATMENT OF the do so immediately. If the indicate his ping and th	w	15	3		

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTER	RS FOR MEDICARE	& MEDICAID SERVICES				<u>, 0938-0391</u>
STATEMENT AND PLAN C	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M		PLE CONSTRUCTION (X3) DATE S COMPLI	URVEY ETED
		09G153	B, WI	1G_		1/2007
NAME OF P	ROVIDER OR SUPPLIER		<u></u>	13	EET ADDRESS, CITY, STATE, ZIP CODE 329 LONGFELLOW STREET NW VASHINGTON, DC 20011	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRÉCEDED BY FUIL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(XS) COMPLETION DATE
W 153	Continued From pa established proced	-	W	153		
	Based on observat review the facility for injuries and hospita	ion, staff interview and record siled to ensure client 's bodily alizations were reported as ction for one of three sampled				
	The findings includ	·			, 5	
	revealed an "Inter from Client #1 's D and filed by the fact document cites that having a nosebleed document further s residential facility a arrival to the home accordingly. Interv Registered Nurse or revealed Client #1 sometimes it bleed file at the time of si	on 9/20/2007 at 4:06pm Agency Communication " Day Program was submitted of the program was reported as a submitted at the day program. The states that the nurse at the sessed this client upon his and the client was treated few with the facility 's on 9/20/2007 at 4:23pm "picks his nose" often and so there was no evidence on arvey to substantiate that an filed or the pertinent of this event.			1. Residential staff will communicate with day program pertaining to all unusual incidents. To assure that incident reports are generated and sent to all monitoring agencies.	11-07-07
	9/19/2007 to be ve sitting in his wheek the evening, Client consume about 25 indicated he wasn just came back fro Registered Nurse (02:14pm on 9/20/2	observed on the evening of my lethargic and drooling while chair at 3:37pm. Later on in #2 was observed to only % of his dinner and staff the hospital. The facility so (RN) was interviewed at 007 and she indicated Client o have upper GI bleeding			All staff will be in-serviced on incident reporting. All incidents will be sent to monitoring agencies.	11-01-07

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

A BUILDING

TATEMENT ND PLAN O	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	ULTIPLI LDING	E CONSTRUCTION	COMPLE	
		09G153	B. Wil	IG		09/2	1/2007
NAME OF P	ROVIDER OR SUPPLIER		-1	132	T ADDRESS, CITY, STATE, ZIP CO S LONGFELLOW STREET NW SHINGTON, DC 20011	DE	
(X4) ID PREFIX TAG	/EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREP TAG	ıx	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
W 153	potentially, due to blood was noticed subsequently he w past weekend (9/1 by the Primary car and he has an End 10/11/2007 at a lo revealed the Hosp 9/18/2007 indicate having a large BM diagnoses identific possible upper gar cause for his hosp review revealed the time of survey	ulcers. She also added that in his stool back in 7/2007 and vas later hospitalized over the 5 - 9/16). He was re-evaluated e (Dr. Wilson) on 9/20/2007 doscopy scheduled for cal hospital. Record review lital Discharge summary dated of "the patient improved [after] on 9/15/2007." The discharge is "nausea/vomiting and strointestinal bleed " as the bitalization. Further record here was no evidence on file at to substantiate that an incident enerated by the facility to notify is of the event.		153			
	integrated, coordi qualified mental n This STANDARD	re treatment program must be nated and monitored by a stardation professional. is not met as evidenced by:					
	Qualified Mental I (QMRP) and reco ensure integration	ations, interviews with the Retardation Professional and review, the QMRP failed to an, coordination and monitoring of eatment regimen, [Client #3]	,		1 see response to	o W120	5
,	Professional (QM coordination of or W120] 2. The Qualified Professional (QM	e Qualified Mental Retardation IRP) failed to ensure the utside services. [Reference I Mental Retardation IRP) failed to ensure the review pharmacological interventions for			2. see response		

STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1' '		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUIL				
		09G153	B. WIN			09/21	/2007
NAME OF PI	ROVIDER OR SUPPLIER ARE II			133	EET ADDRESS, CITY, STATE, ZIP CODE 29 LONGFELLOW STREET NW ASHINGTON, DC 20011		,
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPL DEFICIENCY)	OULD BE	(XS) COMPLETION DATE
W 159	•	ed clients. [Reference W124	W 1	59	3. Functional assessmen	ot for all	11-15-07
	Professional (QMR accurate assessme	P) failed to ensure the ent and management of some state is some some some some some some some som			persons living in this modification made to to build on person str	home with programs	77
	implementation and	P) failed to ensure the documentation of client 's ogramming. [Reference	:		In service staff on actreatment, program documentation along updated functional a	g with	11-15-07
	on the evening of 9 facility 's staff reve wheelchair as his review at 2:51pm of	observed sitting in a wheelchair 0/19/2007. Interview with the baled this client utilizes a means of ambulation. Record on 9/20/2007 revealed his Assessment dated 9/3/2007, the facility:			5. Recommendation by will be implemented training for the staff recommendation.	l and	11- 26- 07
	bear through his lo trunk extension in a b. Do a trial with a upright sitting. c. Consider brake d. Consider using	a chest strap to assist with handle extension. g a phone book under JD's if this will promote upright					
	the time of survey Qualified Mental R	ence available or presented at to substantiate that the etardation Professional he implementation of:					
	a. The lowering o	of the footplates; Client #2 's					<u> </u>
						•	

PRINTED: 10/23/2007 FORM APPROVED OMB NO. 0938-0391

(X3) DATE SURVEY

OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1'		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	09G153	B. WIN	G		09/23	1/2007
ROYIDER OR SUPPLIER			1329	LONGFELLOW STREET NW	E	
(EACH DEFICIENC)	/ MUST BE PRECEDED BY FULL			(FACH CORRECTIVE ACTION S	SHOULD BE	(XS) COMPLETION DATE
feet were observed the afternoon of 9/20/2 b. Conducted the the Qualified Menta (QMRP) was not a made. c. The extension Qualified Mental R (QMRP) was not at (QMRP) was observed e of 9/19/2007 without slumped over his made. 483.440(c)(3)(i) IN	I dangling below the footrest on 19/2007 and again on the 007). test trail with the chest strap; at Retardation Professional ware this recommendation was of the brake handles; the etardation Professional ware of this recommendation. Hone book while he eats; Client eating his dinner on the evening out the phone book. He was neal during dinner. DIVIDUAL PROGRAM PLAN the functional assessment must ling problems and disabilities					
Based on observative review, the facility assessments to mindependently toile hoarding for two of [Clients #1 and #3]. The findings included: 1. During evening 4:41pm, Client #1 diapers. Interview Mental Retardation 9/20/2007 at 3:59p when and/or if a to implemented to accompless.	tion, staff interview and record failed to ensure the accurate anage a client's inability to at; nose picking; rumination and if three sampled clients. Ide: g observations on 9/19/2007 at was observed wearing adult with the facility's Qualified in Professional (QMRP) on om revealed he was not sure olderss this client's toileting					11-1-07
	ROVIDER OR SUPPLIER SUMMARY STA (EACH DEFICIENCE REGULATORY OR L Continued From pa feet were observed the afternoon of 9/20/2 b. Conducted the the Qualified Mental (QMRP) was not at made. c. The extension Qualified Mental Re (QMRP) was not at made. d. The use of a p #3 was observed e of 9/19/2007 withous lumped over his n 483.440(c)(3)(i) IN The comprehensive identify the present and where possible This STANDARD Based on observati review, the facility the assessments to main the present and where possible The findings included 1. During evening 4:41pm, Client #1 diapers. Interview Mental Retardation 9/20/2007 at 3:59g when and/or if a to implemented to ac implemented to ac	ROYIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 9 feet were observed dangling below the footrest on the afternoon of 9/19/2007 and again on the afternoon of 9/19/2007). b. Conducted the test trail with the chest strap; the Qualified Mental Retardation Professional (QMRP) was not aware this recommendation was made. c. The extension of the brake handles; the Qualified Mental Retardation Professional (QMRP) was not aware of this recommendation. d. The use of a phone book while he eats; Client #3 was observed eating his dinner on the evening of 9/19/2007 without the phone book. He was slumped over his meal during dinner. 483.440(c)(3)(i) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must identify the presenting problems and disabilities and where possible, their causes. This STANDARD is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to ensure the accurate assessments to manage a client 's inability to independently toilet; nose picking; rumination and hoarding for two of three sampled clients. [Clients #1 and #3] The findings include:	ROVIDER OR SUPPLIER REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 9 feet were observed dangling below the footrest on the afternoon of 9/19/2007 and again on the afternoon of 9/20/2007). b. Conducted the test trail with the chest strap; the Qualified Mental Retardation Professional (QMRP) was not aware this recommendation was made. c. The extension of the brake handles; the Qualified Mental Retardation Professional (QMRP) was not aware of this recommendation. d. The use of a phone book while he eats; Client #3 was observed eating his dinner on the evening of 9/19/2007 without the phone book. He was slumped over his meal during dinner. 483.440(c)(3)(i) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must identify the presenting problems and disabilities and where possible, their causes. This STANDARD is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to ensure the accurate assessments to manage a client 's inability to independently toilet; nose picking; rumination and hoarding for two of three sampled clients. [Clients #1 and #3] The findings include: 1. During evening observations on 9/19/2007 at 4:41pm, Client #1 was observed wearing adult diapers. Interview with the facility's Qualified Mental Retardation Professional (QMRP) on 9/20/2007 at 3:59pm revealed he was not sure when and/or if a toileting program had ever been implemented to address this client's toileting	ROVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 9 feet were observed dangling below the footrest on the afternoon of 9/19/2007 and again on the afternoon of 9/19/2007 and again on the afternoon of 9/20/2007). b. 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This STANDARD is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to ensure the accurate assessments to manage a client's inability to independently foilet; nose picking; rumination and hoarding for two of three sampled clients. [Clients #1 and #3] The findings include: 1. During evening observations on 9/19/2007 at 4:41pm, Client #1 was observed wearing adult diapers. Interview with the facility's Qualified Mental Retardation Professional (QMRP) on 9/20/2007 at 3:59pm revealed he was not sure when and/or if a foileting program had ever been implemented to address this client''s tolleting members to tolleting program had ever been implemented to address this client''s tolleting rotation.	CONTINUED TO DEPICIENCES (A SULDING BYTHECATION NUMBER: 09G153 STREET ADDRESS, CITY, STATE, ZIP CODE 1329 LONGFELLOW STREET NW WASHINGTON, DC 20011 SUMMARY STATEMENT OF DEPICIANCES (EACH DEPICIANCEY ONL'S) DEPICIANCES (EACH DEPICIANCY ONL'S) DEPICIANCE (EACH DEPICANCY ONL'S) DEPICANCE (EACH DEPICANCY ONL'S) DEPICANCE (EACH DEPICANCY ONL'S) DEPICANCE (EACH DEPICANCY ONL'S) STREET NW WASHINGTON, DC 20011 TAG TAG STREET ADDRESS, CITY, STATE, ZIP CODE 1329 LONGFELLOW STREET NW WASHINGTON, DC 20011 PREFIX FROMDERS, CITY, STATE, ZIP CODE 1329 LONGFELLOW STREET NW WASHINGTON, DC 20011 PREFIX FROMDERS, CITY, STATE, ZIP CODE 1329 LONGFELLOW STREET NW WASHINGTON, DC 20011 PREFIX FROMDERS, CITY, STATE, ZIP CODE 1329 LONGFELLOW STREET NW WASHINGTON, DC 20011 PREFIX FROMDERS, CITY, STATE, ZIP CODE 1329 LONGFELLOW STREET NW WASHINGTON, DC 20011 PREFIX FROMDERS, CITY, STATE, ZIP CODE 1329 LONGFELLOW STREET NW WASHINGTON, DC 20011 PREFIX FROMDERS, CITY, STATE, ZIP CODE 1329 LONGFELLOW STREET NW WASHINGTON, DC 20011 W 159 FREFIX FROMDERS, CITY, STATE, ZIP CODE 1329 LONGFELLOW STREET NW WASHINGTON, DC 20011 PREFIX FROMDERS, CITY, STATE, ZIP CODE 1329 LONGFELLOW SHIP TO THE APPROPRIATE 1529 LONG

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI	DING		(X3) DATE SURVEY COMPLETED	
		09G153	B. WING	G	09/2	1/2007	
NAME OF P	ROVIDER OR SUPPLIER ARE II			STREET ADDRESS, CITY, STATE, ZIP CO 1329 LONGFELLOW STREET NW WASHINGTON, DC 20011	DE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		SHOULD BE	(X5) COMPLETION DATE	
W 212	was also not aware implemented. What was that they were this client's bowel the bathroom after time of survey how his bowels, but not schedule. 2. Record review revealed an "Interfrom Client #1's Dand filed by the faci document cites that having a nosebleed document further stresidential facility as arrival to the home accordingly. Intervi Registered Nurse or revealed Client #1" sometimes it bleeds at the time of survey assessment was do "nose picking" belediminate the nose the ate his dinner. Interviewed about won "in his mouth a bring his food up be does this after dinner 9/20/2007 at 4:1	same day at 4:42pm and she of this program every being at information she did provide successfully able to schedule movements by taking him to dinner. It was not clear at the this client can learn to move void his bladder on a regular on 9/20/2007 at 4:06pm Agency Communication "ay Program was submitted lity on 06/01/2007. The Client #1 was reported as at the day program. The cates that the nurse at the seesed this client upon his and the client was treated ew with the facility 's in 9/20/2007 at 4:23pm picks his nose" often and is. There is no evidence on file by to substantiate that an one to address if this client 's inavior warrants intervention to bleeds. [Reference W153] observations on 9/19/2007 at was observed ruminating after the attending staff was what Client #1 was "chewing and the staff indicated he often ack into his mouth and that he er all the time. Record review 2pm revealed there were no at the time of survey to	W 2'	2. Data collection on nos implemented this data co help determine the need of for formal behavior programmes. 3. See response to W159	llection will or lack of need ram.	11-1-07	
				<u> </u>		<u>1</u>	

(X2) MULTIPLE CONSTRUCTION

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/23/2007 FORM APPROVED OMB NO. 0938-0391

(X3) DATE SURVEY

	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA DELAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A BUILDING			(X3) DATE SURVEY COMPLETED		
		09G153	B. WIN	/G		09/2	1/2007	j ' <u>!</u>
NAME OF P	ROVIDER OR SUPPLIER	<u> </u>		1:	EET ADDRESS, CITY, STATE, ZIP CO 329 LONGFELLOW STREET NW VASHINGTON, DC 20011	DDE		
(X4) ID PREFIX TAG	(FACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	CÓMPLETIO DATE	Ņ
W 212	4. During evening Client #3 was obset of clothing (long sle sweater). He also paper towels, persother unknown iter pockets bulged wit was stuffed to the suitcases, and varialso several duffle stored under his befacility Qualified M.	age 11 g observations on 9/19/2007 erved to have on several layers eeve shirt, undershirt, hooded stuffed his upper torso with onal documents, a hat and his sweater top and hitems unknown. His closet ceiling with clothing, boxes, ious other items. There were bags of various sizes being ed as well. Interview with the ental Retardation Professional 2007 at 5:50pm revealed Client	W	212	4. Many of person #3 clo has been sent with his sis was reorganized with his Assessment pertaining to will be completed.	ster. His room support.	11-15-07	
W 224	#3 hoards things. at the time of surve "maladaptive" beh to determine if it w intervention. 483.440(c)(3)(v) In The comprehensing	There was no evidence on file ey to substantiate that this avior of hoarding was assessed arranted any measure of NDIVIDUAL PROGRAM PLAN re functional assessment must ehaviors or independent living or the client to be able to	w	224				
	Based on observative review, the facility assessed to deter regards to budget clients. The finding including the facility with staff of 5:00pm. Interview	is not met as evidenced by: tion, staff interview and record failed to ensure clients were mine their ability and needs with ing for three of three sampled es: ad #5 was observed to leave the an the evening of 9/19/2007 at a with the facility's Qualified an Professional (QMRP) at						
EOPM CMS	2567/02-99\ Provious Versio	et Obsolete Event ID: DXHG	<u></u> 11	F	ecility ID: 09G153	If continuation she	et Page 12	of:

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MI A BUIL	ULTIPLE CONSTRUCTION DING	(X3) DATE SI COMPLE	
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NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C 1329 LONGFELLOW STREET NW WASHINGTON, DC 20011	ODE	1
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W 224 W 225	5:02pm revealed the the barber shop. A QMRP took Client is store. Upon their reindicated that he at part in a money mawere out, but he reladed that Clients imanagement programanagement skills there was neither a assessment nor a confile for Client #1 manage his finance 483.440(c)(3)(v) IN The comprehensive	ige 12 is client 's were heading out to it approximately 5:15pm the #1 out for a walk to the corner eturn at 5:35pm, the QMRP itempted to have Client #1 take inagement program while they fused to take part. He further #1 and #3 were on money rams to enhance their financial in Record review revealed in money management money management to enable this individual to es to the best of his ability. IDIVIDUAL PROGRAM PLAN es functional assessment must ble, vocational skills.	W 2	See Response to W159 #	#3	
	Based on residential interviews and reconsure that clients of a vocational skill. The finding include Interview with Clientary program on 9/2 he receives a stipe performs at the day taught to fill-out a juy was also revealed navigating the city town independently his "janitorial" action a not a formal job.			See Response to W159	#3	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILL	LTIPLE CONSTRUCTION DING	(X3) DATE S COMPLI		
		09 G 153	B. WING	·	. 09/21/2007		
NAME OF P	ROVIDER OR SUPPLIER ARE II			STREET ADDRESS, CITY, STATE, ZIP O 1329 LONGFELLOW STREET NW WASHINGTON, DC 20011			
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W 225	client did not have a vocational assessm for employment. Rerevealed there was file at the time of su	ge 13 107 at 5:49pm revealed this a job and also did not have a nent completed to assess him ecord review on 9/20/2007 no vocational assessment on arvey that assessed his with regards to employment.	W 22	25			
W 227	483.440(c)(4) INDIV The individual prograbjectives necessars identified by the	ram plan states the specific ry to meet the client's needs, comprehensive assessment aph (c)(3) of this section.	W 22	See Response to W159	#3		
	Based on observati record verification, client programming objectives for one of #1]	s not met as evidenced by: on, interview and subsequent the facility failed to ensure that be written to include clear of two sampled clients. [Client					
W 237	staff on 9/20/2007 a has a programming stimulation". The explain what benefit how to implement it supporting evidence to substantiate the of this objective with identified by the Con Assessment.	d review with the direct care at 12:10pm revealed Client #1 pobjective to "tolerate arm direct care staff was not able this objective will provide or the confile at the time of survey reasoning behind the creation in regards to the needs imprehensive Functional	W 2:	37			
	Each written trainin	g program designed to			· · · · · · · · · · · · · · · · · · ·		
ORM CMS-25	67(02-88) Previous Vecsions	Obsolete Event ID: DXHG1	1	Facility ID: 09G153	If continuation sheet	Page 14 of 2	

	EMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G153		(X2) A A. BU		TIPLE CONSTRUCTION ING	(X3) DATE 9 COMPL	
			B. WI	B. WING		09/21/2007	
NAME OF F	PROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE 1329 LONGFELLOW STREET NW WASHINGTON, DC 20011		
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W 237	program plan must frequency of data c to assess progress This STANDARD in	ctives in the individual specify the type of data and ollection necessary to be able toward the desired objectives.	W	237	Training of staff on docume programs pertaining to person		11-15-07
	review the facility fa implementation of a documenting the fre behaviors as recom	an effective system of equency of maladaptive amended in a Client 's ent plan for one of three					
_	Client #2 was hospi	20/2007 at 2;10pm revealed talized on 9/15/2007 and the home on 9/18/2007. The					
	facility 's Registere at 02:14pm on the s was assessed to ha was potentially due stated that a bowel to track and monitor the chart, it was not frequency of Client: After careful review, surveyor at 2:29pm not tell if how often based on the data the direct care staff. Wadded that the data would also not allow treatment needs an treatment. The facility and the statement of the s	d Nurse (RN) was interviewed came day revealed Client #2 live upper GI bleeding which to ulcers. The RN further movement chart was created in his progress. Upon review of possible to ascertain the #2's bowel movements. The RN returned to the and reiterated that she could this client moved his bowels, hat was being collected by the ith that realization, she further that was being collected in her to assess Client #1's depotential course of lifty failed to ensure that weeple data was being					

FORM APPROVED OMB NO. 0938-0391

(X3) DATE SURVEY

STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	I * -	PLE CONSTRUCTION	(X3) DATE SU COMPLE	IRVEY TED
AND PLAN OF	CORRECTION	IDENTIFICATION NUMBER	A BUILDIN	IG	•	
•		09G153	B. WING		09/2	1/2007
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W 247	483.440(c)(6)(vi) II	NDIVIDUAL PROGRAM PLAN	W 247			
·	The individual progopportunities for claself-management.	ram plan must include lent choice and		Person #3 program wil with his Case Manager include a community c increase his travel skill	and amended to omponent to	11-4-07
·	Based on observation facility failed to ensure the opportunity to regards to community to the community to t	is not met as evidenced by: tion and staff interview, the sure that clients were allowed exercise their rights with nity outings and financial one of three clients residing in s #3]				
	The finding include	es.		·		
	revealed Client #3 the city 's public to the facility 's staff of 9/19/2007 and s receives instructio to certain parts of transportation syst s Qualified Mental (QMRP) on 9/20/2 #3 was not afforde outings which utility	record review on 9/20/2007 is fully capable of navigating ransportation system. One of was interviewed on the evening she remarked that she often ns from the client on how to get the city via the public tem. Interview with the facility Retardation Professional 2007 at 5:41pm revealed Client ed the opportunity to attend ze the public transportation				
NA 040	Retardation Profethe incidents of elefile evidenced that transportation syswhere he would ewas aware that the city but, have to explore and experience of elements of the city but, have	on, the Qualified Mental ssional (QMRP) indicated that operment that this client had on the utilized the public term to get to the destinations ventually be found. The facility is client was able to navigate not afforded him the opportunity ercise that ability. OGRAM IMPLEMENTATION	W 24	.9		
W 249	+03.440(4)(1) FK	OGICAN IN LENENTIATION			<u>-</u> .	
EDGM CNC S	. L	ne Obsolete Event ID: DXHG	311	Facility ID: 09G153	If continuation she	et Page 16 o

W 249 Continued From page 16 As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on observation, staff interview and record review the facility failed to ensure that clients receive interventions as specified in their individual Program Plans for two of three sampled clients. [Clients #1 and #3] The findings include: 1. Interview with Client #3 's case manager at his day program on 9/20/2007 at 10:50am revealed he can read. The case manager also indicated that Client #3 is very capable of picking up a magazine or book and reading it. Record review on 09/20/2007 at 5:37pm revealed Client. #3 's Social Work Assessment (dated 11/2006) recommended that the facility help him " Continue to improve reading and numbers skills ". Interview with the Qualified Mental Retardation Professional (QMRP) on 9/20/2007 at 5:40pm revealed he was not sure if the reading/humbers skills building program was not in place and it hadn't been implemented to date. 2. Observation at Client #1 's Day Program on 9/20/2007 at 11:50am revealed the direct care	STATEMENT	TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SUR COMPLETE	VEY ED
COMP CARE II CALID SUMMARY STATEMENT OF DERICIENCIES (EACH DERICIENCY MUST BE PRECEDED BY FULL PREFEX TAG) W 249 Continued From page 16 As soon as the interdisciplinary team has formulated a client, surfave freedy interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. This STANDARD is not met as evidenced by. Based on observation, staff interview and record review the facility failed to ensure that clients receive a continuous active treatment program plan sor two of three sampled clients. (Clients #1 and #3) The findings include: 1. Interview with Client #3 's case manager at his day program on 9/20/2007 at 10:50am revealed he can read. The case manager also indicated that Client #3 is very capable of picking up a magazine or book and reading it. Record review on 09/20/2007 at 73 pm revealed Client #3 's Social Work Assessment (dated 11/2006) recommended that the facility help him "Continue to improve reading and numbers skills" Interview with the Qualified Mental Restardation Professional (QMRP) on 9/20/2007 at 5-40pm revealed he was not sure if the reading/numbers skills building program was not in place and it hadn't been implemented to date. 2. Observation at Client #1 's Day Program on 9/20/2007 at 11:50am revealed the direct care			09G153	B. WING		09/21/2	2007
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#3 's Social Work Assessment (dated 11/2006) recommended that the facility help him " Continue to improve reading and numbers skills " Interview with the Qualified Mental Retardation Professional (QMRP) on 9/20/2007 at 5:40pm revealed he was not sure if the reading/numbers skills building program was not in place and it hadn 't been implemented to date. 2. Observation at Client #1 's Day Program on 9/20/2007 at 11:50am revealed the direct care 2. QMRP will collaborate with day program to insure that day program staff	· -	As soon as the interformulated a client each client must restreatment program interventions and and frequency to a objectives identified plan. This STANDARD Based on observative with facility frequency to a review the facility frequency intervention individual Program sampled clients. [6] The findings included the can resind the can resind that clients a magazine or the control of the can resind that clients a magazine or the clients are a magazine or the clients.	erdisciplinary team has is individual program plan, eceive a continuous active consisting of needed services in sufficient number upport the achievement of the d in the individual program is not met as evidenced by: tion, staff interview and record failed to ensure that clients as specified in their in Plans for two of three Clients #1 and #3] de: Client #3 's case manager at in 9/20/2007 at 10:50am ead. The case manager also int #3 is very capable of picking book and reading it. Record	W 249	Person #3 programs will be with his Case Manager and include skill component tha maintain/increase his readin	amended to	11-4-07
staff failed to implement the behavioral strategies is knowledgeable and implementing person #1 BSP staff failed to implement the behavioral strategies is knowledgeable and implementing person #1 BSP Free In-DXHG11 Facility ID: 09G153 If continuation sheet Page		#3's Social Work recommended that Continue to impro. Interview with the Professional (QMI revealed he was reskills building proghadn't been impleaded to impleaded the continue to improve the continue to impleaded the continue to improve the continue	Assessment (dated 11/2006) at the facility help him " ve reading and numbers skills " le Qualified Mental Retardation RP) on 9/20/2007 at 5:40pm not sure if the reading/numbers gram was not in place and it lemented to date. at Client #1 's Day Program on Oam revealed the direct care lement the behavioral strategies		program to insure that day is knowledgeable and imp person #1 BSP	program staff lementing	11-13-07

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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	CENTERS FOR MEDICARE & MEDICAID SERVICES ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA			141.70	IPLE CONSTRUCTION	(X3) DATE SUR		١
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PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREF TAG		CROSS-REFERENCED TO THE APPL	ROPRIATE	DATE	
TAG	VÉGORIONI ON				DEFICIENCY)			닉
W 249	Continued From page	ana 17	w	249	a			
VV 249		was observed refusing to eat	•••					
	his meal flooring	to floor, stomping on the floor				ŀ		
	with his feet and w	ralking several times towards				.	- 1	
,	the main entrance	of his activity area. He would			. .	1	· 1	1
	walk towards the o	loor and stand there or pace			•		Ì	i
	back and forth in f	ront of it. The staff was				ł	l	
	observed walking	him away from the door and			\	1		i
	trying to encourag	e him to eat his meal with no review on 9/20/2007 at 3:45pm						
	revealed Client #1	's Behavioral Support Plan						ļ
	dated 6/6/07 recor							l
	•							ĺ
	" Screaming strate	egies #2 - if [Client #1] begins to						l
	scream and/or sto	omp, attempt first to determine sing him to do so. He may be						ļ
	what may be caus	vey discomfort due to wetness						ĺ
	or to say be wants	to go outside for a while. Ask			·	ļ	į ,	ĺ
	him to show you v	what he wants. Address these						ĺ
	needs first. "				·			
		s start and a land and the						ĺ
	The Day Program	staff failed to implement the intion strategies and assessed					!	
	the reason of his	discomfort or offered to take him					!	ĺ
•	outside despite h	is repeated attempts of walking					ļ	
	towards the main	entrance.					!	١.
W 252	483.440(e)(1) PR	OGRAM DOCUMENTATION	W	25	i2			ĺ
	\					,		
	Data relative to a	complishment of the criteria						
i	specified in client	individual program plan e documented in measurable					[İ
	objectives musi b terms.	IE Gocalliemen III Medapiranie	1		\			
·	\$4.00 E E E E E E E E E E E E E E E E E E							ĺ
l '								1
ł	This STANDARD	is not met as evidenced by:						
1	Based on observation, staff interview and record review the facility failed to ensure the		1					ľ
	implementation of	f an effective system of		•	·]			1
	documenting a cl	lient's progress on his				•	1	
			1					•

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		09G153	B. WIN	1G_		<u>09/21/2</u> 007	
NAME OF F	ROVIDER OR SUPPLIER	•	, <u>-</u>	1:	EET ADDRESS, CITY, STATE, ZIP CODE 329 LONGFELLOW STREET NW VASHINGTON, DC 20011		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 252		tives for two of three sampled and #3]	W 2	252	· · · · · · · · · · · · · · · · · · ·		
	1. Interview with O his day program on revealed he receive her performs at the manager also indicapable of counting small purchases, In Mental Retardation 9/20/2007 at 5:30pr money management	client #3 's case manager at 9/20/2007 at 10:50am as a stipend for janitonal work day program. The case ated that Client #3 is very money, and taking part in a terview with the Qualified Professional (QMRP) on a revealed Client #3 has a set program that was initiated 3 's money management			1. See Response to W159 #4		
	"[Client #3] will pure to cook an item on t from staff on 4/5 co consecutive months						
	Retardation Profess 5:30pm revealed the program was initiate data that was being	icility 's Qualified Mental ional (QMRP) on 9/20/07 at money management ad back on 6/2007, but the collected was not consistent eptember 2007 was missing.					
	9/20/2007 at 11:50a to ensure outside so documentation of the behaviors as require	Client #1 's Day Program on Im revealed the facility falled ervices maintained accurate is client's maladaptive ed. [Reference W120] DGRAM MONITORING &	W 2	262	2. See Response to W120		
	The committee sho	uld review, approve, and					

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA ND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A, BUILDING			COMPLETED		
• •		09G153	B. WING			09/21/2007		
NAME OF P	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP COI 1329 LONGFELLOW STREET NW WASHINGTON, DC 20011			DDE		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			rx .	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	IOULD BE	(XS) COMPLETION DATE	1
W 262	inappropriate behaving the opinion of the client protection and the client protection and the client protection and the sample of the use of psychotry three sampled client three sampled to manabehaviors. Record evidence presented to substantiate that met to approve the psychotropic medication at 6:55pm revealed three samples client three sampl	programs designed to manage vior and other programs that, a committee, involve risks to d rights. Is not met as evidenced by: ion, staff interview and record alled to ensure the Human is oversight and approval for opic medication for two of ints. [Client #1 and #3] e: on 9/20/2007 at 4:01pm is prescribed to receive a 1mg overy morning. Interview with extered Nurse (RN) and estandation Professional pm revealed the Xanax XR is inge Client #1 's maladaptive review revealed there was not or on file at the time of survey the Human Rights Committee administration of this eation. Indirecord review during the administration on 9/19/2007 I Client #3 received a 20mg terview with the facility 's Nurse (LPN) (Medication	W	262	Person # 1 Psychotropic ments and BSP or any other right results will be presented for approve HRC committee Person # 3Psychotropic ments and BSP or any other right results be presented for approve HRC committee	estriction al to CC II	11-4-07	
	prescribed to mana behaviors. Record evidence presented to substantiate that	evealed the Zyprexa is age Client #3 's maladaptive review revealed there was no do no file at the time of survey the Human Rights Committee administration of this		,				

REPERTY (FACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (FACH CORRECTIVE ACTION SHOULD BE COMPLE	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIE/CCLA IDENTIFICATION NUMBER:		1, ,	LDING	ECONSTRUCTION	COMPLETED			
COMP CARE II CAN D SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FILL) (EACH DEFICIENCY MUST BE PRECEDED BY FILL MUST BE PRECEDED BY F			09G153	B. WIN	IG		09/21/2007		
W 282 Continued From page 20 psychotropic medication. W 288 483.450(a)(1)(i) CONDUCT TOWARD CLIENT These policies and procedures must promote the growth, development and independence of the facility falled to enact the creation of policies and procedures that promote the independence of its residents. [Client #3] The finding includes: Staff interview and record review on 9/20/2007 revealed Client #3 is fully capable of navigating the city's public transportation system. One of the facility's staff was interviewed on the evening of 9/19/2007 and she remarked that she often receives instructions from the client on how to get to certain parts of the client with the facility's squalified Mental Retardation Professional (QMRP) on 9/20/2007 at 5-41 pm revealed Client #3 is not afforded him by stem. In addition, the Qualified Mental Retardation professional (QMRP) indicated that the Incidents of slopement that this client has on file evidenced that the colour that has on system. In each of the that the colour that this client has on file evidenced that the this client is able to navigate the city but, have not afforded him the opportunity to expore and exercise that ability.	:				132	9 LONGFELLOW STREET NW	IDE		
psychotropic medication. W 268 483.450(a)(1)(i) CONDUCT TOWARD CLIENT These policies and procedures must promote the growth, development and independence of the client. This STANDARD is not met as evidenced by: Based on staff interview and record review the facility failed to enact the creation of policies and procedures that promote the independence of its residents. [Client #3] The finding includes: Staff interview and record review on 9/20/2007 revealed Client #3 is fully capable of navigating the city 's public transportation system. One of the facility is staff was interviewed on the evening of 9/19/2007 and she remarked that she often receives instructions from the client on how to get to certain parts of the city with the facility's Qualified Mental Retardation Professional (QMRP) on 920/2007 at 6-41 pm revealed Client #3 is not afforded the opportunity to attend outings which utilize the public transportation system. In addition, the Qualified Mental Retardation Professional (QMRP) on 920/2007 at 6-41 pm revealed Client #3 is not afforded the opportunity to attend outings which utilize the public transportation system. In addition, the Qualified Mental Retardation Professional (QMRP) on 920/2007 at 6-41 pm revealed Client #3 is not afforded the opportunity to attend outings which utilize the public transportation system to get to the destination's where he would eventually be found. The facility appears to be fully aware that this client is able to navigate the city but, have not afforded him the opportunity to explore and exercise that ability.	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A	SHOULD BE	(X5) COMPLETION DATE	
Based on staff interview and record review the facility failed to enact the creation of policies and procedures that promote the independence of its residents. [Client #3] The finding includes: Staff interview and record review on 9/20/2007 revealed Client #3 is fully capable of navigating the city 's public transportation system. One of the facility 's staff was interviewed on the evening of 9/19/2007 and she remarked that she often receives instructions from the client on how to get to certain parts of the city via the public transportation system. Interview with the facility 's Qualified Mental Retardation Professional (QMRP) on 9/20/2007 at 5:41pm revealed Client #3 is not afforded the opportunity to attend outings which utilize the public transportation system. In addition, the Qualified Mental Retardation Professional (QMRP) indicated that the incidents of elopement that this client has on file evidenced that he utilized the public transportation system to get to the destination's where he would eventually be found. The facility appears to be fully aware that this client is able to navigate the city but, have not afforded him the opportunity to explore and exercise that ability.		psychotropic medic 483.450(a)(1)(i) CC These policies and growth, developme	ation. NDUCT TOWARD CLIENT procedures must promote the			See response to W247	· · · · · · · · · · · · · · · · · · ·	,	
revealed Client #3 is fully capable of navigating the city 's public transportation system. One of the facility 's staff was interviewed on the evening of 9/19/2007 and she remarked that she often receives instructions from the client on how to get to certain parts of the city via the public transportation system. Interview with the facility 's Qualified Mental Retardation Professional (QMRP) on 9/20/2007 at 5:41pm revealed Client #3 is not afforded the opportunity to attend outings which utilize the public transportation system. In addition, the Qualified Mental Retardation Professional (QMRP) indicated that the Incidents of elopement that this client has on file evidenced that he utilized the public transportation system to get to the destinations where he would eventually be found. The facility appears to be fully aware that this client is able to navigate the city but, have not afforded him the opportunity to explore and exercise that ability.		Based on staff interfacility failed to ena procedures that procedures that procedures. [Client #	view and record review the ct the creation of policies and pmote the independence of its [3]						
opportunity to explore and exercise that ability.		revealed Client #3 if the city's public trathe facility's staff wof 9/19/2007 and streceives instruction to certain parts of the transportation systems Qualified Mental (QMRP) on 9/20/20/43 is not afforded to outings which utilize system. In addition Retardation Profess the incidents of elogile evidenced that it transportation system where he would ever appears to be fully	s fully capable of navigating ansportation system. One of was interviewed on the everting he remarked that she often is from the client on how to get he city via the public em. Interview with the facility Retardation Professional for at 5:41pm revealed Client he opportunity to attend the public transportation in the Qualified Mental sional (QMRP) indicated that perment that this client has on the utilized the public em to get to the destinations entually be found. The facility aware that this client is able to				·		-
	W 322	opportunity to explo	ore and exercise that ability.	W	322		·	,	 -

PRINTED:	10/23/200
FORM A	APPROVE
OMB NO.	0938-039

	of Dericiencies of Correction	IDENTIFICATION NUMBER:	A BU		G	COMPLE	TED	
		09G153	B. Wil	NG _	· · · · · · · · · · · · · · · · · · ·	09/2	1/2007	Ш
NAME OF P	ROVIDER OR SUPPLIER ARE II		,	1:	REET ADDRESS, CITY, STATE, ZIP CO 329 LONGFELLOW STREET NW YASHINGTON, DC 20011	DE .	,	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	IX.	PROVIDER'S FLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
W 322		ovide or obtain preventive and	W	322				
	Based on observation facility failed to proving the second control of the second control	s not met as evidenced by: on and record review, the ride preventive and general ee of three clients included in #1 and #3]		-				
- 	The findings include) !						
	revealed an "Inter from Client #1's D and filed by the faci document cites that having a nosebleed document further st residential facility at arrival to the home accordingly. Intervi Registered Nurse of revealed Client #1" sometimes it bleeds at the time of surver assessment was do "nose picking" be eliminate the nose le	Agency Communication " ay Program was submitted dity on 06/01/2007. The it Client #1 was reported as at the day program. The itates that the nurse at the isassed this client upon his and the client was treated ew with the facility 's in 9/20/2007 at 4:23pm picks his nose" often and is. There is no evidence on file by to substantiate that an one to address if this client 's in avior warrants intervention to cleeds. [Reference W153]			See response to W153			
	6:11pm, Client #1 v he ate his dinner. I interviewed about w on " in his mouth a bring his food up ba does this after dinn	observations on 9/19/2007 at vas observed ruminating after The attending staff was what Client #1 was "chewing and the staff indicated he often ack into his mouth and that he er all the time. Record review 2pm revealed there were no			See response to W159 #3			1
					101 10- 44-0-104			

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		LE CONSTRUCTION	(X3) DATE & COMPLE		
		09G153	B. WIN	IG	<u> </u>	09/2	1/2007	
NAME OF F	PROVIDER OR SUPPLIER			132	ET ADDRESS, CITY, STATE, ZIP CODE 29 LONGFELLOW STREET NW ASHINGTON, DC 20011		·	
(X4) ID PREFIX TAG	PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) W 322 Continued From page 22		ID PREFI TAG	-	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(XS) COMPLETIO DATE	7
W 322	assessments on file at the time of survey to address his ruminating.		W 3	22				
					See response to W159 #3		73	
	with the facility 's Licensed Practical Nurse (LPN) (Medication Nurse) at 6:58pm revealed the Tegretol is prescribed to manage Client #3 's seizures. Record review on 09/20/2007 at 6:00pm revealed this client 's Psychotropic Med Review dated 8/24/2007 recommended; "Neurology consult recommended by [PCP] to determine need for Tegretol if he has had no seizures since birth." Client #3 's Neurology							
W 331	assessment dated 6 document no seizure The EEG was comp is no evidence that t	6/25/2007 recommended " to be for one year and get EEG " . bleted on 6/28/2007, but there this client seizure history was sed to determine the regretol.	W 3:	31				
	The facility must pro services in accordan	vide clients with nursing ace with their needs.	•					
·	This STANDARD is not met as evidenced by: Based on observation, staff interview and record review, the facility's attending nurse failed to ensure the coordination of services to manage a client 's regimen of Tegretol for one of three sampled clients[Client #3].							
	The findings include:					·		
	Observation and rec medication administ	ord review during the evening ration on 9/19/2007 at						

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	(X2) M A. BUI		PLE CONSTRUCTION G	(X3) DATE S COMPLI		
<u>-</u>	0,9G153	B. WIN	IG		09/2	1/2007		
NAME OF F	ROVIDER OR SUPPLIER ARE II			13	EET ADDRESS, CITY, STATE, ZIP CODE 329 LONGFELLOW STREET NW (ASHINGTON, DC 20011			
(X4) ID PREFIX TAG	W 331 Continued From page 23 6:55pm revealed Client #3 received 300mg of Tegretol (200mg tab + ½ 200mg tab). Interview with the facility's Licensed Practical Nurse (LE		ID PREF TAG		PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HQULD BE	(X5) COMPLETION DATE	
W 336	6:55pm revealed C Tegretol (200mg ta with the facility 's L (Medication Nurse) Tegretol is prescrib seizures. Record n 6:00pm revealed th Review dated 8/24/ "Neurology consult determine need for seizures since birth assessment dated document no seizur The EEG was comp is no evidence that reviewed and asses continuance of the 483.460(c)(3)(iii) NI Nursing services m certified as not need review of their healt quarterly or more fro client need. This STANDARD is Based on interview failed to ensure that the three clients in t and #3) were review quarterly or more fro The finding includes Record review on 9 the last quarterly no Client #1 was dated	lient #3 received 300mg of b + ½ 200mg tab). Interview icensed Practical Nurse (LPN) at 6:58pm revealed the ed to manage Client #3 's eview on 09/20/2007 at is client 's Psychotropic Med 2007 recommended: recommended by [PCP] to Tegretol if he has had no "Client #3 's Neurology 6/25/2007 recommended "to re for one year and get EEG ". pleted on 6/28/2007, but there this client seizure history was seed to determine the Tegretol. JRSING SERVICES ust include, for those clients ding a medical care plan, a h status which must be on a equent basis depending on enot met as evidenced by: and record review, the facility is the health status for three of the sample (Clients #1, #2, wed by the nursing staff on a equent basis.	w s		Review of Client Seizure hi Neurology recommendation or need to continue or disco person #3 seizure control m All nursing documentation to standard compliance	to support ntinue edication	11-1-07	The state of the s

	OF CORRECTION	IDENTIFICATION NUMBER:		ILDING		COMPL		
		09G153	B. WI	YG		09/2	21/2007	
COMP C	ROVIDER OR SUPPLIER			13	ET ADDRESS, CITY, STATE, ZIP CO 29 LONGFELLOW STREET NW ASHINGTON, DC 20011			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	COMPLETION DATE	
W 336 W 354	noted in the record 4/2007. Interview was Nurse (RN) at 5:590 she was new to the chance to complete 483.460(f)(3) COMI DIAGNOSTIC SER Comprehensive derinclude a review of 1	and confirmed by the nurse as with the facility 's Registered or on the same day revealed facility and had not had the the documentation.	w: w:		Person # 3 dental visit for completed	scaling was	9-28-07	
	This STANDARD is Based on observation review, the facility fat follow-up dental sen have been made to for one of three same The finding includes Observation on the facility of the finding includes the facility of the finding includes the facility of the	not met as evidenced by: on, staff interview and record tiled to review and provide vices after recommendations improve a client 's oral health pled clients. [Client #3]						
W 436	calculus deposits an Interview with the fa (RN) at 4:25pm on 9 s dental health is in was not aware of thi review on 9/20/2007 Dental assessment "patient needs scalin assessment dated 8 recommended " so this visit. The facility dental records/asses necessary follow-up.	d discolored in some areas. cility 's Registered Nurse 1/20/2007 revealed Client #3 'poor condition and that she s recommendation. Record at 5:07 revealed Client #3 's dated 4/25/07 recommended ng". A second dental 1/30/07 revealed the aling "did not take place on failed to review this client 's ssments and ensured the	VAL A	300				
VV 430	403.470(g)(2) SPAC	E WAN EGOILWEN!	W 4	36	· · · · · · · · · · · · · · · · · · ·		<u> </u>	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			A. BUILDING			(X3) DATE SURVEY COMPLETED	
			ŀ			}	·
		09G153	B. WIA	<u></u>		09/2	1/2007
COMP C	ROVIDER OR SUPPLIER ARE 11			13	EET ADDRESS, CITY, STATE, ZIP CODE 29 LONGFELLOW STREET NW ASHINGTON, DC 20011	,	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(XS) COMPLETION DATE
W 436	and teach clients to choices about the u hearing and other of and other devices in	nish, maintain in good repair, use and to make informed se of dentures, eyeglasses, ommunications aids, braces,	W	136	Program will be added to perso to include asking him to show wear his glasses.		11-4-07
	Based on staff interfacility failed to ensu upkeep of a client's four clients residing. The finding includes Client #3 was not ob-	served wearing eye glasses					
	on neither 9/19/2007 nor 9/20/2007 at the residential facility. Interview with Client #3 's case manager at his day program on 9/20/2007 at 10:50am revealed he has been prescribed to wear eye glasses, but hasn 't wom them in awhile. During evening record review on 9/20/2007 at 5:56pm revealed Client #3 's Vision assessment dated 11/16/06 revealed this client was prescribed to wear eyeglasses. During the record review, Client #3 approached the survey team and blurted out that "he had just found" his glasses and showed them to the survey team. The facility failed to ensure that this client has been taught to consistently wear and maintain his eyeglasses.						
W 474			W 4	74	Staff has been trained on all pe by nutritionist this training incl texture.	uded	10-27-06
ORM CMS-258	7(02-99) Previous Versions (Dissolete Event ID: DXHG11		Eagli			Page 26 of 2

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA (DENTIFICATION NUMBER:	A. BU		g	COMPL		
		09G153	B. WII	/G_		09/2	21/2007	
NAME OF P	ROVIDER OR SUPPLIER ARE II			13	EEET ADDRESS, CITY, STATE, ZIP (329 LONGFELLOW STREET NW VASHINGTON, DC 20011			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE IE APPROPRIATE	COMPLETION DATE	į
W 474	Continued From pa	ge 26	W	474				
	Based on observati review, the facility for implementation of a	s not met as evidenced by: ion, staff interview and record aïled to ensure the accurate a client's modified food texture appled clients. [Client #2]	-					
	The finding include:	si			· ·			
	9/19/2007 eating a tossed salad. The Interview with the fa (RN) on 9/20/2007 not aware there wa to receive modified stated that she is re PCP gets the record sinutrional requirem 03:07pm on 9/20/20	rved on the evening of chicken pot pie and a bowl of food items were served whole. acility 's Registered Nurse at 1:49pm revealed she was a change in JD's diet for him textured meals. She also esponsible for ensuring the nmended changes in a client 'nents. Record review at 007 revealed Client #2 's nent dated 8/2/2007 following:						
	Continue diet a modification to fine!	s ordered. Change texture y chopped.						
•		served finely chopped or very oke risks and create ease in				·		
	the Qualified Menta (QMRP) provided to Nutritional Assessm mirrored his Physic prescribed a "chop record review reveal	emoon on 9/20/2007 at 3:29pm al Retardation Professional the survey team with a second ment dated 8/2/2007 which cian's orders (9/2007) that pped textured " diet. Further aled his day program has him iring a "bite sized" diet.						
					Mr. In and and		4.5	

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				IPLE CONSTRUCTION	(X3) DATE S COMPLE	
		09G153		B, WING_		09/2	1/2007
NAMEOFP	ROVIDER OR SUPPLIER				STATE, ZIP CODE		
COMP C	ARE I I			TON, DC 2	STREET NW 0011		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
1041	3502.2(a) MEAL SE	ERVICE / DINING AR	REAS	I 041			
	Modified diets shall	be as follows:			See response to W474	The same of the sa	 -
	Habilitation Plan an	modified diet shall be					
	Based on observative review, the facility fairness of a	met as evidenced by on, staff interview an alled to ensure the ad resident's modified t ree sampled clients.	d record curate				
	The finding includes	s:					,
	his meals in a modi	ensure a resident re- fed texture as recom I. [Reference Federa V474]	mend		e e e e e e e e e e e e e e e e e e e	·	
1 052	3502.10 MEAL SER	RVICE / DINING ARE	AS	1 052	See response to W159 #3	5	
	tables, chairs, eating	equip dining areas w g utensils, and dishes e developmental nea	5				
	This Statute is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to facilitate a client 's needs with regards to eating meals at the dinner table.						
	The finding includes:						
_	Resident #2 was observed sitting in a wheelchair on the evening of 9/19/2007. Interview with the				•		
lealth Regula	ation Administration				TITLE		(X8) DATE
					HILE .		(AD) DUIG .

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

	ATEMENT OF DEFICIENCIES D PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				TIPLE CONSTRUCTION	(XS) DATE SURVEY COMPLETED				
.,		09G153		B. WING_		09/2	1/2007			
	ROVIDER OR SUPPLIER			ADDRESS, CITY, STATE, ZIP CODE ONGFELLOW STREET NW						
COMP C	AREII		WASHING							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL .	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHO (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE			
1 052	The state of the s			1 052		:				
	facility 's staff revealed this client utilizes a wheelchair as his means of ambulation. Record review at 2:51pm on 9/20/2007 revealed his Physical Therapy Assessment dated 9/3/2007 recommended that the facility "consider using a phone book under JD's plate to determine if this will promote upright sitting posture when eating." Note: The height of the dining room table did not									
	allow this client the dinner table to propostaff was observed to corner edge " of the table meal. It is not clear had been addressed could eat his meals	opportunity to come erly manage his mea to wheel the client to table and place the for this client to eat if this presenting pro to ensure that this o	up to the il. The the " plate on his blem lient		ę	· · · · · · · · · · · · · · · · · · ·	بديد ۱۰۰۰			
	3504.7 HOUSEKEE No poisonous or haz in a food preparation	zardous agent shall t	e stored	1 096	All cleaning supplies were ren from the kitchen and placed in area of the home		9-20-07			
	This Statute is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure that cleaning agents were not being stored in the kitchen. The finding includes: Cleaning detergents were observed being stored beneath the kitchen sink on the afternoon of 9/19/2007. Interview with the facility 's staff at 3:58pm revealed the cleaning agents should have been stored in a locked cabinet and not below the sink.		, the hts were g stored n of laff at							
alth Regula	tion Administration					<u></u> _i				

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIES IDENTIFICATION NUM			(X2) MULT A. BUILDIN B. WING			(X3) DATE SURVEY COMPLETED	
		09G153				09/2	1/2007	
NAME OF F	ROVIDER OR SUPPLIER	•	ļ.		STATE, ZIP CODE			
COMPC	ARE I I			TON, DC 2	STREET NW 0011			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SCIDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	COMPLETE DATE	
i 108	Continued From page 2			l 108			1 1	
l 108	3504.15 HOUSEKEEPING			I 108	Home will take insente-	.~_c	11 10 00	
		assure that each renanges of clothing aptivities.			Home will take inventory clothing and shop for per		11-15-07	
	Based on observation facility failed to ensure with the proper store wear, casual dress other articles of clot	met as evidenced by on and staff interview are residents were pa e of clothing to mana wear, formal dress whing that can be use five residents residi	v the rovide age, sleep vear and ad around					
	The finding includes	::						
	Observation on the again on 98/20/2007 residing in the facilit required amount of section. [Reference	7 revealed all five rea y were either withou clothing as required	sidents t the		*.* <u>.</u>			
1 109	3504.16 HOUSEKE	EPING		l 109	See response to I 108			
	Each GHMRP shall label inconspicuously each item of clothing as belonging to a particular resident as indicated in his or her Individual Habilitation Plan (IHP).		ılar					
	This Statute is not met as evidenced by: Based on observation, staff interview and record review the facility failed to ensure the integrity of the resident's clothing for four of five clients residing in the facility.							
lealth Renul	The finding includes	·						

STATEMENT OF DEFICIE AND PLAN OF CORRECT		(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		A. BUILDIA		(X3) DATE COMP	SURVEY LETED
		09G153	-	B, WING_		09/	21/2007
NAME OF PROVIDER OR COMP CARE I	SUPPLIER		1329 LON		STATE, ZIP CODE STREET NW 0011		•
PRÉFIX (EACH	DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
revealed were bein client 's continuous frage magic mastuffed into clients clowere also seams. Conserved two of the facility 's Profession 9/20/2007 condition of his manage He indicate since his facility is the indicate since his reserved.	ions on 9/Clients #1, g poorly no closets. The closets that to the closething were worn and only one practors the client of the client ed that he client for the client of ed that he cliring to gonts for the clients for the	ge 3 19/2007 and 9/20/20 19/2007 and stored and show the second and show the se	othing I in each I to be manent terial, or of these eir shoes eared as I only The indicated ersight. nce yet hopping	1109			
The manus procedures (g) Reside managements behavior m	al shall ind for at lea nt life, whi ant of fund hanagemen	SAND PROCEDURE corporate policies and ast the following: ch covers clothing, is, resident rights, dient, services, parentalt, visitation, staff treent work.	d scipline,	l 169	See response to W159 #	3.	***************************************
Based on a facility faile	staff interved to enact that pron [Resident	net as evidenced by: iew and record revie the creation of polic note the independen #3]	w the ies and			•	

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		A. BUILDI	·	(X3) DATE SU COMPLE	
		09G153		B. WING		09/2	1/2007
NAME OF P	ROVIDER OR SUPPLIER		-		, STATE, ZIP CODE		1
COMP C	ARE I I			IGFELLOW STON, DC			
(X4) ID PREFIX TAG	REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	DATE (X5)
1 169	1 169 Continued From page 4 The finding includes:			I 169			
	Staff interview and revealed Resident anavigating the city' system. One of the interviewed on the cremarked that she from the resident of the city via the public transportation of the opportunity to a public transportation of that this resident hautilized the public transportation that this resident hautilized the public transportations who do not consider the destinations who found. The facility of the destinations who may be sufficient to the destination to the sufficient to the destination to the sufficient	record review on 9/2 #3 is fully capable of s public transportation e facility 's staff was evening of 9/19/2007 often receives instru- in how to get to certa- lic transportation sys- acility 's Qualified Me- sional (QMRP) on 9/ I Resident #3 is not a fattend outings which is in system. In addition estardation Profession that the incidents of eas on file evidenced in ansportation system lere he would eventur appears to be fully a	on and she ctions in parts of tem. ental 20/2007 afforded utilize the n, the elopement that he to get to ally be ware that				
		to navigate the city e opportunity to expl)		·	
1 300		I have written policie	\$	1300	Meal protocols removed from refrigerator	n the	9-25-07
	of information from	o, duplication, of, and each resident 's red c. Law 2-137, D.C. Co apter.	cord				
This Statute is not met as evidenced by: Based on observation and staff interview, the facility failed to keep confidential all information contained in each resident's record, for one of th three residents residing in the facility. [Resident #2] Health Regulation Administration		w, the rmation one of the					
STATE FOR				6889	DXHG11	If continual	ion sheet 5 of 1

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (DENTIFICATION NUMBER:			(X2) MULT A. BUILDIN		(X3) DATE SURVEY COMPLETED				
		09G153		B. WING_	· · · · · · · · · · · · · · · · · · ·	09/2	1/2007			
NAME OF F	ROVIDER OR SUPPLIER		STREET AD	DRESS, CITY,	STATE, ZIP CODE					
COMPC	ARE II			LONGFELLOW STREET NW IINGTON, DC 20011						
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETE DATE			
1 300	Continued From pa	ige 5		1 300						
	Resident #2's mea protocol was posted with the facility's C Professional (QMRI 9/20/2007 at 1:49pr aware this was a de	9/12007 at 4:35pm real restrictions and feed on the refrigerator. Qualified Mental Retall P) and Registered Norwerealed they were	eding Interview rdation urse on a not	*						
I 375	aware this was a deficient practice and would have it removed. 1375 3519.6 EMERGENCIES Each GHMRP shall document each emergency and enter the follow-up actions into the resident 's permanent record, which shall be made available for review by authorized individuals.		J 375	See response W153		· .				
	This Statute is not i	met as evidenced by on, staff interview an iled to ensure reside ospitalizations were required by this sect	; d record nt 's reported ion for		·					
	The findings include):		. ,						
	1. Record review of revealed an "Inter of from Resident #1's and filed by the facilidocument cites that having a nosebleed document further startsidential facility as arrival to the home a accordingly. Interview	Agency Communicate Day Program was so ity on 06/01/2007. The Resident #1 was repart the day program, ates that the nurse assessed this resident was and the resident was	ion " ubmitted he ported as The t the upon his treated							

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X2) MULT A. BUILDIN B. WING	IPLE CONSTRUCTION	(X3) DATE S COMPLE					
	U9G153 IAME OF PROVIDER OR SUPPLIER STREET					09/2	1/2007				
NAME OF F	ROVIDER OR SUPPLIER		STREET AD	REET ADDRESS, CITY, STATE, ZIP CODE							
COMP C	ARE II			ONGFELLOW STREET NW INGTON, DC 20011							
(X4) ID PREFIX TAG	PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC (DENTIFYING INFORMATION)				PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	DULD BE	(X5) COMPLETE DATE				
1375	Registered Nurse or revealed Resident # sometimes it bleeds file at the time of su incident report was authorities notified of 2. Resident #2 was 9/19/2007 to be versitting in his wheeld the evening, Reside consume about 25% indicated he wasn just came back from Registered Nurse (F 02:14pm on 9/20/20 Resident #2 was as bleeding potential added that blood was 7/2007 and subsequences wilson) on 9/20/200 scheduled for 10/11. Record review reveals	n 9/20/2007 at 4:23p f1 "picks his nose" of s. There was no evidence rvey to substantiate of filed or the pertinent of this event. s observed on the every lethargic and droof hair at 3:37pm. Late that #2 was observed to fo his dinner and so the feeling well because the hospital. The file RN) was interviewed to 7 and she indicated sessed to have upper lify, due to ulcers. She as noticed in his stoo	ten and ence on that an vening of ing while on in to only taff e he had acility 's at de also I back in 5 - 9/16). E (Dr. doscopy bital. charge	1375	DEFICIENCY						
	improved [after] hav The discharge diagrausea/vomiting and gastrointestinal blee hospitalization. Furt there was no eviden survey to substantia been generated by trequired entities of to 3. Client #2 was he weekend of 9/15/200 the facility on 9/18/2 on file to substantiat	ing a large BM on 9/ loses identifies " I possible upper I mas the cause for ther record review re ce on file at the time te that an incident re he facility to notify th	his vealed of port had e								
ealth Regula	tion Administration	,									

	MENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			A. BUILDIN		(XS) DATE S COMPLI				
	•	09G153		B. WING_		09/2	1/2007			
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	DDRESS, CITY, STATE, ZIP CODE						
COMPC	ARE I I			NGFELLOW STREET NW IGTON, DC 20011						
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1 375	Continued From page 7			1 375						
	been secured and/or initiated to address the hospitalization as required by this section. [Reference W153]						-			
I 401	3520.3 PROFESSIONS	ON SERVICES: GEN	IERAL	I 401	See Response to W 354		1			
	Professional services shall include both diagnosis and evaluation, including identification of developmental levels and needs, treatment services, and services designed to prevent deterioration or further loss of function by the resident.									
	Based on observation review, the facility far follow-up dental ser have been made to	met as evidenced by on, staff interview an ailed to review and pa vices after recomme improve a resident ' ee sampled resident	d record rovide ndations s oral							
1	The finding includes	S.	-							
	revealed Resident # calculus deposits ar Interview with the fat (RN) at 4:25pm on \$ #3 's dental health is she was not aware in Record review on 9/Resident #3 's Denirecommended "pationental assessment of recommended " scatthis visit. The facility	evening of 9/19/2007 63 's teeth to be with nd discolored in some cility 's Registered No. 6/20/2007 revealed Fisin poor condition a of this recommendate (20/2007 at 5:07 reveal all assessment date ent needs scaling". dated 8/30/07 reveal aling "did not take p y failed to review this essessments and ensi	heavy e areas. lurse Resident nd that ion. ealed d 4/25/07 A second ed the blace on							
ealth Reouls	ition Administration					<u> </u>				

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	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ER/CLIA MBER:	(XZ) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE S COMPLI				
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	ROVIDER OR SUPPLIER			DDRESS, CITY, STATE, ZIP CODE NGFELLOW STREET NW						
COMP C		•	WASHING	TON, DC 2						
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1 406	Continued From page 8			1 406			1 1			
1 406	3520.8 PROFESSION SERVICES; GENERAL PROVISIONS			l 406	See response to W336	• .	1			
	Each professional s documented in each	ervice provided shal n resident 's record.	l be							
	This Statute is not met as evidenced by: Based on interview and record review, the facility falled to ensure that the health status for three of the three residents in the sample (Residents #1, #2, and #3) were reviewed by the nursing staff on a quarterly or more frequent basis.						. sections			
	The finding includes									
	Record review on 9/ the last quarterly not Resident #1 was dat quarterly nursing not and Resident #3 's dated 4/2007. Inter Registered Nurse (Fi day revealed she wan't the chance yet to	te completed and file ted 4/2007. There we test on file for Reside last quarterly note we with the facility (N) at 5:59pm on the same to the facility.	ed for vere no ent #2 as also 's same and hadn	·						
I 420	3521.1 HABILITATIO	ON AND TRAINING		1 420						
	Each GHMRP shall training to its resider and maintain those I more effectively with environments and to of physical, mental a	nts to enable them to ife skills needed to o the demands of the achieve their optim	acquire cope sir um levels							
	This Statute is not n Based on residential interviews and recor ensure that resident necessary assessmention	l and day program si d reviews, the facility s were provided the	taff y falled to							

	ENT OF DEFICIENCIES NOF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;			(X2) MUL A. BUILDI B. WING		(X3) DATE S COMPLI		
	<u> </u>	09G153		B. WING		09/21/2007		
NAME OF F	PROVIDER OR SUPPLIER	N.	STREET ADI	DRESS, CITY	, STATE, ZIP CODE			
COMPC	ARE I I		1329 LON WASHING		/ STREET NW 20011			
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1 420	Continued From page	ge 9	,	I 420				
	behavioral and vocational needs. [Clients #1 a #3]							
	The finding includes	s:			·		-	
.]	Interview with Resident #3 's case manage				See response to W159 #3		•	
	at his day program of	on 9/20/2007 at 10:5	nanagei Dam				l J	
	revealed he receive	s a stipend for janito	rial work			•		
	ne performs at the c	day program and he uut a job application.	was la					
	addition, it was also	revealed that this re	sident					
	was capable of navi	igating the city 's trai	nsit		1		1	
·		id town independently vealed his "janitoria						
}		program was a not a			1			
	job. Interview with the	he facility 's Qualifie	d Mental					
	at 5:40nm revealed	sional (QMRP) on 9/2 this resident did not	0/2007	*	·			
. }	job and also did not	have a vocational	lave a					
	assessment comple	ted to assess him fo	r					
İ	employment Recor	rd review on 9/20/200 no vocational assess	07		·			
i	file at the time of sur	no vocational assess rvey that assessed h	ment on					
	abilities and desires	with regards to emp	loyment.		1			
	2 Docident's #2	#4 === #E= - %				•		
	Resident 5 #2, leave the facility with	#4 and #5 was obse	rved to		See response to W159 #3]	
	9/19/2007 at 5:00pm	a. Interview with the	facility 's					
		tardation Professiona						
	heading out to the ba	revealed the resident arber shop. At appro	'S Were				· •	
1	5:15pm the QMRP to	ook Resident#1 out	fora				. 1	
	walk to the corner st	ore. Upon their retu	n at			•		
i	5:35pm, the QMRP i have Resident#1 tal	indicated that he atte	mpted to					
	management proora	im while they were o	ut, but he			İ		
	refused to take part.	He further added th	at					
.	Residents #1 and #3	3 are on money mana	agement					
·	programs to enhanci skillsRecord review	e their financial man v revealed there was	agement		· ·		i i	
	tion Administration		TOTALIST		<u> </u>		<u> </u>	
TATE FORM			Gal	³⁶ C	OXHG11	if continuation	1 sheet 10 of 14	

	ATEMENT OF DEFICIENCIES D PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A BUILDING		(X3) DATE S COMPLI				
		· 09G153		B. WING		09/2	1/2007			
NAME OF F	ROVIDER OR SUPPLIER		STREET AD	ET ADDRESS, CITY, STATE, ZIP CODE						
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a money management assessment nor a money management program on file for Resident #1 to enable this individual to manage his finances to the best of his ability. 3. During evening observations on 9/19/2007 at 4:41pm, Resident #1 was observed wearing adult diapers, Interview with the facility 's Qualified Mental Retardation Professional (QMRP) on 9/20/2007 at 3:59pm revealed he was not sure when and/or if a toileting program had ever been implemented to address this resident 's toileting needs. The facility 's Registered Nurse was also interviewed on the same day at 4:42pm and she was also not aware of this program every being implemented. What information she did provide was that they were successfully able to schedule this resident 's bowel movements by taking him to the bathroom after dinner. It was not clear at the time of survey how this resident can learn to move his bowels, but not void his bladder on a regular schedule. 4. Record review on 9/20/2007 at 4:06pm revealed an "Inter Agency Communication"				1420	3. Schedule to be impler address urinary and enur#1 4. See response to W153		11-1-07			
from Resident #1 's Day Program was submitted and filed by the facility on 06/01/2007. The document oites that Resident #1 was reported as having a nosebleed at the day program. The document further states that the nurse at the residential facility assessed this resident upon his arrival to the home and the resident was treated accordingly. Interview with the facility 's Registered Nurse on 9/20/2007 at 4:23pm revealed Resident #1 "picks his nose" often and sometimes it bleeds. There is no evidence on file at the time of survey to substantiate that an assessment was done to address if this resident 's "nose picking" behavior warrants intervention to eliminate the nose bleeds. [Reference W153]			fie ported as The if the upon his treated m ten and ce on file an resident '							
TATE FORM	I		66	1869	DXHG11	If continuation	sheet 11 of 4			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM	RYCLIA MBER:		JLTIPLE CONSTRUCTION	o	(X3) DATE SURVEY COMPLETED			
		09G153		A. BUIL B. WIN			09/21/2007			
NAME OF PROVID	ER OR SUPPLIER	333133	STREET ADD	T ADDRESS, CITY, STATE, ZIP CODE						
				LONGFELLOW STREET NW IINGTON, DC 20011						
	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			ID PREFIX TAG	(EACH CORRECTION CROSS-REFERENCE	PLAN OF CORRECTION TIVE ACTION SHOULD DED TO THE APPROP EFICIENCY)	DBE I d	(X5) COMPLETE DATE		
I 420 Con	1 420 Continued From page 11			I 420	1					
6:11 after inter chev he or and Reco	pm, Resident # he ate his dinn viewed about w ving on " in his ften bring his fo that he does thi ord review on 9	observations on 9/19 If was observed rumiter. The attending state that Resident #1 was mouth and the staff it od up back into his miss after dinner all the 1/20/2007 at 4:12pm ressments on file at the its ruminating.	nating aff was " ndicated nouth ime. evealed		5. See n	esponse to W159 #	3			
Resilent layer hood with other pock was suited also store facilities (QMF Resident substant layer hoard	dent #3 was ob s of clothing (lo led sweater). He paper towels, pount own items ets bulged with stuffed to the co ases, and various several duffle be dunder his bed y Qualified Mer RP) at 09/20/20 dent #3 hoards ince on file at the antiate that this ling was assess	observations on 9/19 served to have on seing sleeve shirt, under le also stuffed his uppersonal documents, as His sweater top ar items unknown. His eiling with clothing, but other items. Then ags of various sizes has well. Interview what al Retardation Profesor at 5:50pm revealed things. There was not time of survey to a "maladaptive" behaved to determine if it ture of intervention.	veral rshirt, per torso a hat and closet exes, e were peing ith the essional		6. See response	e to W159 # 3				
Each reside ongoi reside of such for the IHP.	GHMRP shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the shall of the	ON AND TRAINING monitor and review expending the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of	ach an ne revision schedule	I 423						
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	TEMENT OF DEFICIENCIES PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			A. BUILDIN	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			(X3) DATE SURVEY COMPLETED		
,		09G153		B. WING_		09/2	1/2007			
NAME OF P	OF PROVIDER OR SUPPLIER STREET AL			DRESS, CITY, STATE, ZIP CODE						
COMP C	ARE II			Longfellow street nw Iington, DC 20011						
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ı 4 23	Continued From pa	ge 12		1423			· · · · · · · · · · · · · · · · · · ·			
	Based on observati review the facility fa receive intervention Individual Program	met as evidenced by on, staff interview an illed to ensure that re is as specified in thei Plans for two of three [Residents #1 and #	d record esidents r e							
•	at his day program revealed he can resindicated that Residual Picking up a magaz Record review on 0 Resident #3 's Soc 11/2006) recommen "Continue to impro". Interview with the Retardation Profess at 5:40pm revealed reading/numbers skeep indicated the continue to impro skeep in the residual profess at 5:40pm revealed reading/numbers skeep in the continue to impro ". Interview with the residual profess at 5:40pm revealed reading/numbers skeep in the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue to the continue	Resident #3 's case ron 9/20/2007 at 10:5 ad. The case managient #3 is very capabine or book and read 9/20/2007 at 5:37 pmial Work Assessmended that the facility ve reading and numbers.	Oam er also le of ling it. revealed t (dated help him pers skills 20/2007 e was not		1.	See response to W24	19			
icalih Recul	on 9/20/2007 at 11: staff failed to impler as specified in his E (BMP). Resident #' eat his meal, floppir floor with his feet ar towards the main er He would walk towards pace back and for observed walking his trying to encourage success. Record resident in the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the sta	Resident #1 's Day in 50am revealed the dispension Management was observed refusing to floor, stomping and walking several time trance of his activity ands the door and state of the front of it. The im away from the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the document of the docume	irect care strategies at Plan sing to on the nes area, and there a staff was or and with no t 3:45pm		2.	See response to W24	19 #2	j		
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1 423	dated 6/6/07 recom " Screaming strategoegins to scream a determine what may may be attempting wetness or to say howhile. Ask him to such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a such a su	imends: gies #2 - if [Resident nd/or stomp, attempt by be causing him to o to convey discomford e wants to go outside how you what he wants first. " staff failed to implement to strategies and assecomfort or offered to his repeated attempt main entrance.	first to do so. He due to e for a nts. ent the esessed o take ots of nsure and 2-137, this d federal : Persons is ncy	1 423	Please see response to W112, W126, W137, W262, and W2					
tealth Regul	ation Administration	· · · · · · · · · · · · · · · · · · ·								